

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp FILED JUL 28 2010 CITY OF SANTA MARIA BY: <i>[Signature]</i> City Clerk	CALIFORNIA FORM 460
	Page 1 of 6 For Official Use Only

Statement covers period from 01/01/2010 through 06/30/2010	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
☐ Officeholder Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1307852

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

1212 S Victory Blvd

CITY

Burbank

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member, City Of Santa Maria, District: n/a			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1212 S Victory Blvd	CITY Burbank	STATE CA	ZIP 91502

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 01/01/2010

through

06/30/2010

CALIFORNIA
FORM

460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

I.D. NUMBER

1307852

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Column B
CALENDAR YEAR
TOTAL TO DATE

0.00
26700.00
26700.00
0.00
26700.00

1/1 through 6/30 7/1 to Date
20. Contributions Received \$
21. Expenditures Made \$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

\$
\$

*Amounts in this section may be different from amounts reported in Column B.

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

0.00
500.00
500.00
0.00
500.00

1. Monetary Contributions Schedule A, Line 3
2. Loans Received Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
4. Nonmonetary Contributions Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

Expenditures Made

216.50
0.00
216.50
0.00
0.00
216.50

6. Payments Made Schedule E, Line 4
7. Loans Made Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment Schedule C, Line 3
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10

Current Cash Statement

107.91
500.00
0.00
216.50
391.41

12. Beginning Cash Balance Previous Summary Page, Line 16
13. Cash Receipts Column A, Line 3 above
14. Miscellaneous Increases to Cash Schedule I, Line 4
15. Cash Payments Column A, Line 8 above
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15

If this is a termination statement, Line 16 must be zero.

0.00

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

Cash Equivalents and Outstanding Debts

0.00
26700.00

18. Cash Equivalents See instructions on reverse
19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from **01/01/2010**
through **06/30/2010**

CALIFORNIA **460**
FORM

Page **4** of **6**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER

1307852

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero	Lieutenant			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 21171.18 DATE DUE	0.00% RATE \$ 0.00	\$ 3128.89 DATE INCURRED 08/27/2008	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ 26200.00 G2008
1324 Ruby Court Santa Maria CA 93454 IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maria Police Department	\$ 21171.18	\$ 0.00					
Linda Cordero	Music Teacher			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 DATE DUE	0.00% RATE \$ 0.00	\$ 500.00 DATE INCURRED 04/12/2010	CALENDAR YEAR \$ 500.00 PER ELECTION** \$ 500.00 G2008
1324 Ruby Court Santa Maria CA 93454 IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine Kolnaski Magnet	\$ 0.00	\$ 500.00					
Mike Cordero	Lieutenant			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1200.00 DATE DUE	0.00% RATE \$ 0.00	\$ 1200.00 DATE INCURRED 08/04/2008	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ 26200.00 G2008
1324 Ruby Court Santa Maria CA 93454 IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maria Police Department	\$ 1200.00	\$ 0.00					
SUBTOTALS		\$ 500.00	\$ 500.00	\$ 0.00	\$ 22871.18	\$ 0.00		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ **500.00**
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ **0**
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 500.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B - Part 1 **Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from **01/01/2010**
through **06/30/2010**

CALIFORNIA
FORM **460**

Page **5** of **6**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

I.D. NUMBER

1307852

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero	Lieutenant			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3828.82	0.00% RATE \$ 0.00	\$ 3828.82	\$ 0.00 PER ELECTION ** \$ 26200.00 G2008
1324 Ruby Court	Santa Maria Police			<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	0.00% RATE \$	\$	\$
Santa Maria CA 93454	Department			<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	0.00% RATE \$	\$	\$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	0.00% RATE \$	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	0.00% RATE \$	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	0.00% RATE \$	\$	\$
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 3828.82	\$ 0.00	\$ 0.00	

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$**
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Amounts may be rounded
to whole dollars.**

NAME OF FILER

Friends Of Mike Cordero

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Friends Of Mike Cordero

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

independent expenditure supporting/opposing others (explain)

LEG legal defense

LIT campaign literature and mailings

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO

POL polling and survey research

POS
postage, delivery and messenger services
professional services (local accounting)

PRO professional services (legal, accounting)
DOT print code

PKI print ads

RFD returned contributions

SAL campaign workers' salaries
III t.v. or cable airtime and production costs

candidate travel lodging and meals
I.V. or cable airfare and production costs

candidate travel, lodging, and meals

IRS stall/spouse travel, lobbying, and medical transfer between committees of the same

VOT voter registration

WEB information technology costs (internet, e-mail)

Abstract

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Freeman Public Affairs 1405 Marcelina Ave #111 Torrance CA 90501	CNS			216.50
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 216.50

Schedule E Summary

- | | | |
|--|----------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 0 |
| 2. Unitemized payments made this period of under \$100 | \$ | 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 216.50 |